7A AGED CARE SERVICES

Definitions are found in section 7A.3. Unsourced information has been obtained from Commonwealth, State and Territory Governments.

7A.1 Jurisdictions comments

Commonwealth Government comments

“ The Commonwealth plays a substantial role in the provision of services to older people. It has responsibility for regulation and direct funding of nursing homes and hostels, and provides 60 per cent of HACC funding.

The development of national performance indicators and comparison of services across jurisdictions are strongly supported by the Commonwealth. The ability to contrast the experience of older people across the states and territories and therefore to assess the performance of aged care nationally is critical to further improvement in the system.

This first report is necessarily limited in scope, in the utility of performance measures and in data availability. Future work will include improving data integration, coverage, consistency and use. This will improve the value of this report and its comparative analysis, but also better enable cross-jurisdictional service planning and research. It will also be important to ensure that future development in the context of this report is closely linked with other data development exercises. Of particular relevance is the Commonwealth–State endorsed National Community Services Information Development Plan.

Work being undertaken by the HACC Program includes the reform of data collections, development of quality measures and establishment of independent assessment mechanisms. The data reforms will address a number of the concerns raised in this report regarding data quality and, when implemented, will better enable measurement of the level of service delivered to both frail aged and disabled people and allow comparison of program performance across the states and territories.

The Commonwealth’s ability to monitor the full range of care received by veteran’s and war widows could also be improved. This would be achieved by their being identified in the Commonwealth and States’ databases in a nationally consistent way. Despite these constraints, the present data collection does provide a range of useful indicators of comparative performance across states and territories and at a national level.

The Government’s Aged Care Structural Reform Package announced in the 1996–97 Budget, and due to take effect on 1 July 1997, will impact also on future development. The Reform Package unifies the nursing home and hostel systems under one residential aged care system, based on a single resident classification mechanism to assess dependency and allocate funding. A national Aged Care Standards Agency will work with industry and residents to ensure standards of care through accreditation and peer review. The next edition of this report will need to reflect these changes and it is likely that an added benefit of the reform package will be a better understanding of the utilisation of residential care, given the removal of the nursing home–hostel boundary. ”

New South Wales Government comments

“ NSW has a proven commitment to and significant investment in aged care and the provision of services to older people. NSW recognises that aged care is a complex system which expends many billions of dollars of Commonwealth and State and Territory Government funds. The NSW Government's commitment to older people crosses the health, community care and housing sectors.

The NSW Government has a broad and holistic view of ageing which is reflected in its approach to service provision and planning for older people. The pleasing performance of NSW, as reported in this chapter, is a positive reflection of the coordinated approach to aged care being fostered in NSW.

Current initiatives of the NSW Government include:

- the NSW Action Plan on Dementia which recognised the increasing needs of people with dementia in our community and focuses on the particular responsibilities of the State Government including health, community services, education and training;
- the establishment of the Accommodation Task Force which is charged with the responsibility for advising the NSW Government on strategies for meeting unmet need for accommodation and support for people with disabilities and older people; and
- the Social Justice Statement, *Fair Go, Fair Share, Fair Say,* which details the Government's commitment to older people and outlines its plan to develop a 'Healthy Ageing Strategy' by July 1997.

NSW is supportive of the initiative to develop consistent national performance indicators for aged care. The purpose of developing performance indicators should be to enable the measurement of the health and well being of older people as they move through the service system. We recognise that currently there are many issues with this exercise, including but not restricted to, the difficulty in reporting against many of the indicators listed in this chapter. National data sources are currently unable to split service usage for programs such as the Home and Community Care Program, between older people and younger people with disabilities. Thus any conclusions which are drawn about the provision of services to older people by programs such as this, must be tentative and preliminary.

The exercise has shown that much work remains to be done in order to achieve a useful set of national indicators and data which test whether the aged care system improves the health and well being of older people. ”

Victoria Government comments

“The Victorian Government has a strong commitment to the provision of comprehensive and flexible aged care services. In 1992 it consolidated responsibility for a broad range of aged care services into a single division within the (then) Department of Health and Community Services. The policy direction of a senior Minister for Aged Care has provided a strong focus for the continued development of the aged care service system. Redevelopment of the aged care system has been proceeding at a pace since 1992 and some of the achievements in this regards such as the continuation of the long term shift in the balance of care from the residential to the community sector, are evident in the data published in this chapter. Others such as the development of sub-acute geriatric care, are outside the scope adopted for this year’s chapter and do not appear in the tables.

The data in this chapter illustrate Victoria’s relatively high level of community care (per capita) as well as its relatively lower levels of residential care (especially nursing home) provision. Victoria is appreciably closer to the benchmark levels of nursing home provision than the Australian average and does not have high numbers of nursing home type patients in public hospital beds. This may be one of the reasons for the higher than average dependency levels in Victoria’s nursing homes and is the reason why intensive, case managed community care services have been greatly expanded over the last five years. Victoria’s high proportion of people from culturally and linguistically diverse backgrounds (and the fact that services are provided to them) is evident in a number of the tables as is the relatively smaller number of indigenous people. Victoria is not in a position to comment on the cost structure or other management features of currently Commonwealth–administered services such as the nursing home and hostel program

Victoria is cognisant of the fact that the aged care sector forms part of a broad health and community services system and that the performance of the interrelated sectors of this system is only capable of being properly measured when the interrelationships as well as the within-sector dynamics can be assessed.

Victoria therefore supports the concept of a comprehensive national report on Government Service provision and views this initial publication of a chapter on aged care as an important first step towards the goal of better measurement of sector and system-wide performance. That there are shortcomings in the data published in this chapter is acknowledged but it is important to take this first step, and to build on it in future reports.”

Queensland Government comments

“ The Commonwealth Government has significant policy and financial responsibilities for aged care services in Australia. Aged care provision is marked by the duplication and inefficiencies created by a blurring of roles between Commonwealth and State and Territory Governments. The inflexibility of the current program arrangements also mitigates against the use of flexible care packages in meeting consumer needs and expectations.

The Commonwealth currently provides approximately 65 per cent of HACC funding in Queensland. In addition to providing HACC–funded home care, the Queensland Government provides a range of services in the acute hospital sector, and non-in-patient services through its Community Health facilities.

Home help, personal care and home respite provision rates are lower than the national average, while Queensland’s rates for centre day care and home nursing are higher than the national average. Queensland HACC clients are assessed as more dependent than the national average. Expenditure on HACC services has not yet reached the national average.

The State government operates 15 per cent of the nursing home places. Approximately 47 per cent of the places are supplied by the non-government not-for-profit sector, and the balance (38 per cent) by the non-government for-profit sector. Hostel provision is above the national average. The Commonwealth’s dependency–specific funding levels for nursing home care are tower than for any other State. This remains a major source of inequity for Queensland.

Queensland has a significant indigenous population with special needs. The dispersion of the Queensland population also creates specific problems in all areas of aged care provision. Queensland provides for a higher than average number of long–stay nursing home type patients in public hospitals, especially in rural and remote areas. This reflects difficulties in providing stand–alone residential care. In response, Queensland is pursuing the development of multi-purpose services to offer more appropriate care options.

The challenges for Queensland include the development of an appropriate service provision framework while meeting the demand of a growing population which will contain a high proportion of people in the very old age groups. By 2035, the older population of Queensland will be second only to NSW. ”

Western Australia Government comments

“ WA fully supports the attempt to develop reliable performance indicators for aged care. Whilst the work done so far represents an encouraging start to this task, much remains to be done and the data collated in this Report must be interpreted with caution.

Moreover, while different levels of government are responsible for different parts of the aged care system, accountability for performance remains blurred and the capacity of the states and territories to respond to the needs they identify, and to develop a whole system approach, is constrained.

Having said that, some comments on the data and its interpretation from a WA perspective are appropriate.

Excluding the Territories, WA is the state with the lowest proportion of older people in its population. More significantly, in terms of the need for aged care services, it has a comparatively low proportion of people aged over 80 years.

This does not mean that aged care is a low priority for the WA Government. The data in this report shows that WA’s expenditure per head of the target group is equal to the national average. It shows provision of residential care (controlled by the Commonwealth) is about the same in total as the Australian average, though with the balance slightly more towards hostels rather than nursing homes, compared with other states and territories.

In Home and Community Care (jointly funded by Commonwealth and State and Territory Governments), WA is second only to Victoria in per capita funding for the HACC target group, and second to the NT in HACC expenditure for each 1000 people aged 70 and over. WA has more than the national average provision of home help, personal care, home nursing, home maintenance and centre based meals. While the figures (which relate to 1993) show less than the national average provision of home respite, it is likely that the deficit has been substantially addressed due to the priority given to this service type in recent HACC funding rounds.

The one service area where WA departs significantly from the national average is nursing home type patients (NHTPs). The high number reflects the dispersed nature of WA’s population outside the capital city and the fact that there are few regional centres with a population size sufficient to support a nursing home. The new multi-purpose service model offers a more appropriate response to this problem of critical mass, and with the rapid expansion of this funding model over the next two to three years, the number of NHTPs is expected to fall. ”

South Australia Government comments

“

In April 1996, the South Australian Government, released *Ageing — A 10 Year Plan for South Australia*. The Plan notes that SA has the highest proportion of older people of all the Australian States and Territories, including in the 85 and over age group.

The Plan recognises importantly, that this changed demographic composition offers the South Australian Community both opportunities and challenges. In taking a whole of government approach, the Plan proposes that the objective of all responses to the needs of older people should be to enhance citizenship, preserve independence and maximise individual choice and control.

The South Australian Government recognises that older people like other generations, desire to participate in a full range of activities and responsibilities. There is a need to ensure therefore, that planning embraces both service provision to enable frail older to remain involved in their communities, and the promotion of opportunities in fields such as education, recreation and the arts.

A commitment has also been made by the Government to increase funding for care services. As analysis of service utilisation for people aged 70 and over in SA suggests that South Australians receive low levels of home help, home respite and home maintenance/modification by comparison with older people in other states and territories.

The 10 Year Plan commits SA to achieving HACC funding parity with other states and territories within 10 years. Already, SA has achieved maximum growth in 1993–94, 1995–96, and 1996–97 by fully matching funds offered by the Commonwealth.

Planning into the future will seek to individualise service responses, so that older people are in a position to receive the services they choose, rather than be tied to a limited range of services determined by funder or service provider convenience.

Other important directions outlined in the 10 Year Plan include a movement to regional block funding, the separation of assessment from service delivery, the development of a continuous quality improvement framework for HACC funded services and the continuation of a policy and planning approach which commits the Government to a holistic, cross Department response to the needs and aspirations of older people.

”

Tasmania Government comments

“ The key issue for Tasmania is the provision of services to rural and remote areas of the State.

Recent research has indicated that Tasmania is different to other states and Territories in that it has a. very dispersed population. Tasmania has the lowest proportion of people living within the capital city. Approximately 40 per cent live in towns and villages of less than 5000 people. Of these 20 per cent live in or near hamlets of less than 250 people, highlighting the challenge Tasmania faces when striving for accessible services across Tasmania.

The proportion of population over 65 years is increasing both within Tasmania as it is nationally. In 1993 12.2 per cent of Tasmania’s population was over 65 years, 0.5 per cent higher than the national figure (ABS Cat. 3205.6). This disparity is expected to increase to 1.25 per cent by 2011 according to ABS projections.

An examination of the 1991 census data from the ABS shows that almost half (47.6 per cent) of the Tasmanian’s aged over 70 years live in the Southern Region of the State (ABS Greater Hobart — Southern Region). In the North, those people 70 years or over comprise 30.8 per cent of the States 70 years or over population. The Northwest (ABS Northern and Mersey–Lyell Regions) has 22.4 per cent of the States 70 years or over population.

As at October 1995 Tasmania has 4106 residential aged care place (hostels nursing home and CACP) Of these 126 beds are fully State Government funded with a further 126 State Government operated but Commonwealth Government approved and funded.

Demographic trends point to an increase of other groups of older people with distinctive needs. These area:

- older women, with a focus on older women living alone;
- ageing people with a disability; and
- ageing family carers.

The shift away from residential care to receiving care and support within the older persons own home has seen expansion of community based services.

Major priority has been given to meeting the demand for respite care, personal care, home nursing, home help and home maintenance. Expansion is also required in transport services and in the range of health professional services provided particularly speech pathology and podiatry. ”

Australian Capital Territory Government comments

“ The ACT Department of Health and Community Care provides the following comments to the Data Collection for Aged Care chapter on the 1997 Report on Commonwealth/State Service Provision.

A number of strategies are being developed to improve the delivery of HACC services in the ACT. These include the development of broad based service models that allow a range of different types of service to be delivered from one provider; greater integration and coordination of services; use of brokerage funds to purchase services for people who have difficulty accessing services or who need continuity of service on discharge from hospital.

When compared to other jurisdictions a low utilisation of personal care services and a high utilisation of home nursing is indicated. There is some concern that the HACC home nursing data for the ACT has been aggregated with all home nursing data. Home nursing services are not homogeneous across all states and territories and are not comparable as they have different admission criteria, policies and practices. The ACT may have easier access to home nursing services when compared to other states. At this time the ACT does not have a waiting list for access to community nursing services.

The data indicates a low utilisation of home and centre based meals services in the ACT. A review of Red Cross Meals on Wheels and Linen Service in August 1996 recommended a number of strategies for improving client outcomes, service quality and management. The issues of access, client need and choice related to food services will be examined.

The data indicates that the ACT has the lowest expenditure on residential care, HACC, CACPs and COPs per person aged 70 years or over. This must be considered in the context of the provision of Commonwealth funded aged care services being at or near the planning benchmark of 100 places per 1000 people aged 70 years and over and that the HACC Program in the ACT funds only a minor proportion of the cost of providing community nursing services to this client group. In addition aged people in the ACT are able to access a wide range of primary health care services through regional health centres that are not funded under the HACC Program and therefore not included in the expenditure figures in the report.

In 1996–97 community accommodation will be provided for 24 younger people with disabilities currently living in nursing homes. This is intended to reduce access problems for elderly people seeking nursing home accommodation. ”

Northern Territory Government comments

“ The NT has a comparatively young age structure and a higher than average population of Aboriginal and Torres Strait Islander people (26 per cent compared with less than 3 per cent for the rest of Australia).

The unique and diverse regional, cultural and economic characteristics of the NT has made it quite challenging for government in the provision of cost effective services within the parameters of the existing complex array of legislation within the Aged care program. Mainstream service models are generally inappropriate in meeting the needs of Aboriginal communities and there are high additional costs in the provision of services.

In many remote communities throughout the NT living conditions contribute to a higher incidence of frailty. When assessing relative need of care, the notion of a national benchmark of 70 years and over is not a fundamental consideration in Aboriginal communities. Rather an age limit of 50 years and over has generally been used in the planning for aged care services, with the number of indigenous people being six times higher in this age group compared to the proportion of other Australians.

Data in this chapter acknowledges that nursing homes, hostels and community aged care package provision levels per 1000 people aged 70 and over are among the highest in Australia. This needs to be interpreted in the context that this age group comprises a relatively small component of the population and the higher than average need for aged care services among indigenous Australians under 70 years of age.

Comparisons between the NT and national expenditure trends can be disproportionate because of the small size of the aged population and the make up of that population. When comparing residential care to community care, data should not be misinterpreted on expenditure per person. Clearly expenditure on residential services is high but this needs to be interpreted in the context of both the size of the nursing home or hostel and the number of places available as well as the income levels of some of the consumers. These figures can distort actual expenditure on community care programs in the NT.

The NT supports the need for culturally appropriate service models which acknowledge infrastructure and standard of care differences in the provision of residential, respite and community service programs. ”

7A.2 All jurisdictions data

Table 7A.1: Clients of nursing homes, hostels and CACPs as at 30 June, 1995 to 1996 (per 1,000 persons aged 70 years and over)[1]

Persons accessing service	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Nursing home - 1995									
Respite care	0.4	0.5	0.2	0.1	0.5	0.5	0.2	1.7	0.4
From culturally and linguistically diverse background[2]	5.8	5.9	3.9	7.6	6.3	1.5	7.0	4.7	5.6
Aboriginal and Torres Strait Islanders	0.5	0.2	0.8	1.2	0.4	0.3	0.1	27.7	0.6
All persons[3]	55.0	44.1	47.8	47.6	48.4	52.4	36.3	61.7	50.2
Nursing home - 1996									
Respite Care	0.6	0.6	0.4	0.5	0.4	0.7	0.2	2.4	0.5
Aboriginal and Torres Strait Islanders[2]	0.4	0.2	0.7	1.0	0.3	0.3	0.1	27.0	0.5
Veterans	1.9	1.6	1.8	1.5	1.4	2.6	1.3	0.3	1.7
All persons[3]	54.0	43.8	46.3	45.1	48.3	50.4	34.6	62.7	48.5
Hostels - 1995									
Respite Care	1.0	0.9	1.2	1.0	1.2	1.2	1.5	2.0	1.0
All persons[3]	34.5	36.2	45.5	41.7	41.3	33.2	45.4	39.0	38.1
Hostels - 1996									
Respite Care	1.0	0.9	1.2	1.1	1.0	1.2	2.0	1.8	1.0
From culturally and linguistically diverse background[2]	2.5	3.8	2.4	3.9	2.5	0.8	5.0	3.9	2.9
Aboriginal and Torres Strait Islanders	0.2	0.1	1.1	1.5	0.5	0.0	0.8	16.4	0.5
Veterans	3.7	3.4	5.7	4.4	4.2	4.5	5.1	1.8	4.1
All persons[3]	34.7	37.0	46.1	42.0	41.3	33.3	46.5	37.6	38.5
CACP - 1995									
Veterans	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.0	0.1
All persons	1.5	1.4	1.4	1.5	1.8	2.3	1.8	2.3	1.5
CACP - 1996									
From culturally and linguistically diverse background[2]	0.6	0.9	0.2	0.6	0.4	0.7	0.8	0.0	0.6
Aboriginal and Torres Strait Islanders	0.1	0.0	0.2	0.3	0.0	0.3	0.0	3.0	0.1
Pensioners[4]	0.8	0.9	1.0	1.0	1.2	1.0	1.1	6.1	0.9
Veterans	0.3	0.2	0.2	0.2	0.3	0.3	0.2	0.0	0.3
All persons	2.7	2.4	2.6	2.8	3.0	3.7	3.1	6.1	2.7

1 The data has been synthesised to overcome gaps in the data collections. Accordingly there will be minor inconsistencies between tables.

2 Defined as people from non-English speaking background.

3 Includes permanent and respite residents.

4 At present it is not possible to identify clients who are financially disadvantaged persons. Until better data is available pensioners are being used in lieu of the more narrowly defined 'financially disadvantaged persons'.

Source: DHFS unpublished.

Table 7A.2: Level of HACC service received, various periods 1993 to 1995 (number per month per 1000 persons with a moderate, severe or profound handicap)[1,2.3]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Hours per month									
Home help	460	1016	421	709	173	786	289	888	590
Personal care	237	98	58	244	110	167	114	164	152
Home nursing	173	313	287	281	169	337	294	0	244
Paramedical	21	42	29	29	39	17	35	55	31
Home respite	368	146	168	154	93	150	309	280	220
Centre day care	536	678	854	556	440	265	232	60	607
Home maintenance/modification	63	77	39	79	9	75	52	32	58
Meals per month									
Home meals	1 020	1 054	964	1 003	974	1 068	507	1 462	1 007
Centre meals	131	139	130	354	91	39	23	169	144

1 HACC services were provided to both frail older people and younger people with disabilities. It is estimated that approximately three quarters of HACC clients were aged 70 years and over.

2 The collection months selected were those with the best coverage and editing rates. NSW and Queensland data were for November 1995; Victoria, SA, Tasmania, and ACT data were for May 1995; NT was for November 1994; and WA was for November 1993. The data was for a single month. Home Help was sometimes equivalent to Personal Care, depending on the practices of the service.

3 Excludes COPs.

Source: DHFS unpublished.

Table 7A.3: HACC services received in capital city and other areas, various periods 1993 to 1995 (per cent)[1,2,3]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Capital city	54	57	60	72	63	36	100	60	58
Other	46	43	40	28	37	64	0	40	42

1 HACC services were provided to both frail older people and younger people with disabilities. It is estimated that approximately three quarters of HACC clients are aged 70 years and over.

2 The collection months selected were those with the best coverage and editing rates. NSW and Queensland data were for November 1995; Victoria, SA, Tasmania, and ACT data were for May 1995; NT was for November 1994; and WA was for November 1993. The data was for a single month. Home Help was sometimes equivalent to Personal Care, depending on the practices of the service.

3 Excludes COPs.

Source: DHFS unpublished.

Table 7A.4: Estimated number of clients, various periods 1993 to 1995 (number per 1000 persons with a moderate, severe or profound handicap)[1,2]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Clients from culturally and linguistically diverse backgrounds[3]	26.3	30.4	10.2	37.90	29.4	11.2	28.7	20.3	25.2
Aboriginal and Torres Strait Islander clients	6.2	3.1	4.1	5.0	0.9	3.5	1.1	46.1	4.4
Pension/benefit clients	201.6	219.0	141.5	204.1	155.9	209.6	137.9	170.5	189.0
Veteran clients	20.9	24.9	13.3	38.2	20.3	28.7	15.4	10.8	22.0

1 Excludes persons only receiving COPs services.

2 The collection months selected were those with the best coverage and editing rates. NSW and Queensland data were for November 1995; Victoria, SA, Tasmania, and ACT data were for May 1995; NT was for November 1994; and WA was for November 1993. The data was for a single month. Home Help was sometimes equivalent to Personal Care, depending on the practices of the service.

3 Defined as people from non-English speaking background.

Source: DHFS unpublished.

Table 7A.5: COPs services received, 1994 (number per month per 1000 persons with a moderate, severe or profound handicap)[1,2]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
hours per month									
Home help	38.5	10.0	24.9	12.6	18.5	2.7	0.7	0.8	108.6
Personal care	36.9	15.9	6.0	4.4	3.5	2.6	0.5	0.9	70.8
Home nursing	16.9	3.6	1.1	0.3	0.6	0.1	0.0	0.0	22.7
Paramedical	5.6	1.4	1.9	0.7	0.2	0.1	0.4	0.3	10.6
Home respite	53.9	8.2	9.2	5.6	6.8	0.9	1.4	0.2	86.2
Centre day care	34.0	15.1	2.4	3.1	5.7	0.8	0.5	1.8	63.6
Residential respite	97.3	51.9	9.4	0.6	14.4	0.1	4.1	0.0	177.9
Home maintenance/modification	4.0	1.1	3.0	1.8	1.2	0.5	0.0	0.0	11.7
Case management	24.1	10.7	8.5	3.4	2.4	2.1	1.0	0.4	52.7
meals per month									
Home meals	19.0	3.6	10.1	3.9	2.9	0.8	0.1	5.5	45.8
occasions per month									
Transport	21.1	8.7	7.6	4.3	4.3	1.1	0.6	1.0	48.6

1 COPs services had the same target group as HACC.

2 The original data was for a two week period - it has been doubled to give a month total. Data is only given for services provided by COPs itself or purchased from a non-HACC service provider. Data was collected from all COPs projects in late 1994, except for SA and WA which were collected in 1993. Home Help is sometimes equivalent to Personal Care, depending on the practices of the service.

Source: DHFS unpublished.

Table 7A.6: People receiving Community Options services in capital city and other areas, 1994 (per cent) [1,2]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Capital City	52	33	49	79	44	27	100	65	50
Other	48	67	51	21	57	74	0	35	50

1 COPs services were had the same target group as HACC.

2 The original data was for a two week period - it has been doubled to give a month total. Data is only given for services provided by COPs itself or purchased from a non-HACC service provider. Data was collected from all COPs projects in late 1994, except for SA and WA which were collected in 1993. Home Help is sometimes equivalent to Personal Care, depending on the practices of the service.

Source: DHFS unpublished.

Table 7A.7: Estimated number of COPs clients 1994 (number per 1000 persons with a moderate, severe or profound handicap)[1,2]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Clients from culturally and linguistically diverse backgrounds[3]	0.9	0.7	2.6	0.6	1.1	1.6	1.2	4.9	1.2
Aboriginal and Torres Strait Islander clients	0.5	0.0	0.4	0.1	0.8	0.3	2.9	0.5	0.4
Pension/benefit clients	7.6	3.9	6.9	3.6	5.5	6.2	4.9	20.9	6.0
Veterans clients	0.4	0.2	0.4	0.2	0.2	0.2	0.1	0.2	0.3

1 COPs services had the same target group as HACC.

2 The original data was for a two week period - it has been doubled to give a month total. Data is only given for services provided by COPs itself or purchased from a non-HACC service provider. Data was collected from all COPs projects in late 1994, except for SA and WA which were collected in 1993. Home Help is sometimes equivalent to Personal Care, depending on the practices of the service.

Source: DHFS unpublished.

Table 7A.8: Bed-days for nursing home type patients, 1994–95[1]

Hospital Type	*Units*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
NHTP bed days	'000	355.4	144.6	309.9	198.9	172.5	73.2	7.9	3.8	1 266.2
TOTAL bed days	'000	7 420	5 176	3 931	1 890	1 938	580	292	209	21 436
NHTP bed days as proportion of total bed days	per cent	4.8	2.8	7.9	10.5	8.9	12.6	2.7	1.8	5.9
Total NHTP bed days per 1,000 aged 70 years and over	bed-days	692	389	1 269	1 676	1 250	1 811	571	1 297	878

1 NHTPs are patients who have been in hospital (public and private) for a continuous period exceeding 35 days and do not need acute care. Many people who do not require nursing home admission can meet this definition including accident and illness patients. Others may have been certified by a doctor as requiring hostel or nursing home care and are waiting placement.

Source: DHFS unpublished.

Table 7A.9: Percentage of residents using service who receive a pension/allowance at 30 June, 1995 to 1996 (number)[1]

Persons accessing service	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Nursing home - 1996									
Veterans	3.6	3.7	3.9	3.3	2.9	5.3	3.6	0.7	3.6
All pensioners	91.1	90.2	91.8	91.2	91.1	91.1	88.6	95.0	91.0
Hostels - 1996									
Veterans	10.7	9.2	12.4	10.4	10.1	13.4	10.8	4.5	10.6
CACP - 1995									
Veterans	8.0	5.7	8.0	11.5	8.4	11.3	7.7	0.0	7.9
CACP - 1996									
Veterans	11.5	8.4	8.9	7.7	9.4	8.2	5.9	0.0	9.6

1 Data has been synthesised to overcome gaps in the data collections, accordingly there will be apparent minor inconsistencies between table.

Source: DHFS unpublished.

Table 7A.10: Estimated residents of nursing homes, at 30 June 1996 (number per 1,000 persons aged 70 years and over)[1,2]

		NSW	*VIC*	*QLD*	*WA*	*SA*	*TAS*	*ACT*	*NT*	*TOTAL*
Veterans	Urban	1.9	1.5	1.5	1.5	1.4	1.5	1.6	0.2	1.6
	Rural	0.5	0.5	0.8	0.2	0.2	1.9	0.0	0.0	0.5
	Remote	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.3	0.0
	Total	2.4	2.0	2.4	1.8	1.6	3.5	1.6	0.5	2.2
All pensioners[2]	Urban	37.3	26.7	25.6	33.1	35.7	18.9	27.6	27.2	31.4
	Rural	8.9	9.9	13.7	4.7	6.2	23.8	0.0	0.0	9.7
	Remote	0.1	0.1	1.0	1.4	0.0	0.2	0.0	32.4	0.4
	Total	46.3	36.7	40.3	39.1	41.9	42.9	27.6	59.6	41.6
All residents	Urban	43.6	32.0	29.6	38.2	41.2	22.5	34.6	28.4	36.8
	Rural	10.3	11.7	15.6	5.4	7.1	27.6	0.0	0.0	11.2
	Remote	0.1	0.1	1.2	1.5	0.0	0.2	0.0	34.4	0.5
	Total	54.0	43.8	46.3	45.1	48.3	50.4	34.6	62.7	48.5

1 The data has been synthesised to overcome major shortcomings in the data collections. While this has resulted in apparent inconsistencies between tables, the data are a useful indicator the relative differences in population between different areas.

2 At present it is not possible to identify residents/recipients who are financially disadvantaged persons. Until better data is available pensioners are being used in lieu of the more narrowly defined 'financially disadvantaged persons'.

Source: DHFS unpublished.

Table 7A.11: Average score of nursing homes and hostels assessed against outcome standards, 1993–94 to 1995–96 (score)[1]

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*NT*	*ACT*	*Aust*
Nursing homes[2]	1993–94	58.5	54.1	58.0	54.3	54.3	46.1	45.2	58.2	55.9
	1994–95	56.5	52.1	55.0	54.1	53.7	51.0	44.3	53.5	54.7
	1995–96	56.2	53.1	51.4	55.5	45.8	51.3	58.6	59.4	52.3
Hostels[3]	1993–94	46.8	43.7	47.6	45.9	44.8	44.5	38.5	47.3	46.0
	1994–95	47.7	43.7	45.7	45.7	43.3	44.8	41.5	47.3	46.4
	1995–96	47.7	43.1	46.3	45.1	44.5	44.1	40.0	43.2	46.0

1 Since October 1994 the Commonwealth Department of Health and Family Services has adopted a targeted approach to the selection of nursing homes for outcome standards assessments. The targeting of homes has caused average compliance to fall as most facilities assessed are those identified as being at risk of having poor standards. These figures should not, therefore, be taken as an indication of declining standards.

2 The maximum score for nursing homes is 62.

3 The maximum score for hostels is 50.

Source: DHFS unpublished.

Table 7A.12: Complaints received by Commonwealth regarding residential care, 1995–96[1]

		Nursing Homes			*Hostels*		
	Units	*93–94*	*94–95*	*95–96*	*93–94*	*94–95*	*95–96*
Received (per 1,000 residents)	No.	6.9	11.6	14.4	5.3	6.7	7.0
Substantiated	%	41	45	43	39	43	43
Unsubstantiated	%	51	49	49	46	49	39
Unfinalised as at 30 June	%	8	6	8	15	8	18

1 Changes in complaints should not be taken as an indication of declining quality. The complaints program is at a relatively early stage and the increase is indicative more of a greater preparedness to complain, reduced fear of consequences and more awareness of the rights and avenues of complaint.

Source: DHFS unpublished.

Table 7A.13: Commonwealth expenditure on residential care and equivalent, 1995–96 ($ per person aged 70 years and over)[1]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Nursing homes benefits	1 481	1 245	1 069	1 246	1 290	1 497	886	1 775	1 308
Hostels subsidies	238	250	324	284	304	249	256	346	267
Residential respite benefits/ subsidies	25	27	21	26	30	30	21	86	26
CACPs[2]	24	16	23	23	25	30	26	10	22
Other[3]	130	138	131	213	221	180	226	1 360	153
Total	1 898	1 676	1 568	1 791	1 870	1 986	1 415	3 576	1 775

1 Excludes HACC.

2 CACP expenditure excludes CACP establishment grants.

3 Other includes expenditure on top up funding for residential facilities, planning/development, projects, schemes, other services and capital funding.

Source: DHFS unpublished.

Table 7A.14: Government expenditure on home and community services, 1995–96 ($ per person with a moderate, severe or profound handicap)[1]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Community respite	110	75	84	92	74	79	99	73	90
COPs	46	70	34	32	80	29	34	69	51
other HACC	521	614	383	585	408	531	305	484	508
Total	677	758	502	709	561	640	438	626	649

Source: DHFS unpublished.

Table 7A.15: HACC expenditure in 1995–96 prices, 1985–86 to 1995–96 ($ million)

	Commonwealth	*States and Territories*	*Total*
1985–86	151	137	288
1986–87	189	145	335
1987–88	221	165	386
1988–89	247	174	421
1989–90	274	188	462
1990–91	306	206	512
1991–92	341	222	562
1992–93	364	237	600
1993–94	389	253	642
1994–95	410	266	676
1995–96	423	275	698

Sources: DHSH 1995, DHFS unpublished, ABS Cat. No. 5206.0.

7A.3 Definitions and explanatory notes

Table 7A.16: Definitions and explanatory notes

Term	*Definition*
Nursing home	Residential facilities for frail older people which provide accommodation, 24 hour nursing care and personal care.
Hostel	Residential facilities for older people which provide accommodation, personal care and occasional or limited nursing services.
Respite care	Respite services provide alternative care arrangements for dependent people living in the community with the primary purpose of giving their carer a short term break from their usual caring commitments.
People from culturally diverse backgrounds	People whose first spoken language is not English.
Veterans	Veterans and war widow(er)s who are entitled to treatment through the Department of Veterans' Affairs under the provisions of the Veterans' Entitlement Act, 1986.
Home help	Assistance to undertake household tasks (for example, washing clothes).
Personal care	Assistance to undertake personal tasks (for example, bathing).
Home nursing	Nursing care provided in a persons home (for example, assistance taking medication).
Paramedical	These services are provided to help people maintain their independence and mobility. Possible services include physiotherapy, podiatry, speech therapy and occupational therapy.
Home respite	Respite care provides a short term substitute for usual care. In-home respite can be provided in either the home of the person requiring or providing care, and can be for up to a day, overnight or longer periods.
Centre day care	Respite care provided from a facility such as a day care or health centre. Respite care is usually combined with social support services to maintain the functional capabilities of the person being cared for.
Home maintenance/modification	Assistance in undertaking home maintenance tasks which a person is unable to undertake themselves, or modification of the home for care purposes (for example, installing hand rails).
Home meals/Centre meals	Meals provided to persons either in their own home or at a separate facility. Includes 'meals on wheels'.

cont.

Table 7A.17: Definitions and explanatory notes (cont.)

Term	*Definition*
Community options	Community options provides case management for people with complex care needs, for example, managing or purchasing a package of care services.
Moderate, severe or profound handicap	A person with a handicap is a person with a limitation to perform certain tasks associated with daily living. The limitation must be due to a disability and in relation to one or more of the following areas: self care; mobility; verbal communication; schooling; or employment. People with a moderate handicap are those people with a disability who did not require help or supervision with tasks relevant to the areas of self–care, mobility, and verbal communication but who had difficulty performing one or more of these tasks. People with a severe handicap are those people with a disability who sometimes required help or supervision with tasks relevant to the areas of self–care, mobility, and verbal communication. People with a profound handicap are those people with a disability who always require help or supervision in one or more of self–care, mobility, and verbal communication.
NHTP bed days	An NHTP bed day is measured as one person classified as a nursing home type patient occupying a bed for one day. Thus 10 bed days may represent one person occupying a bed for 10 days, or 10 people occupying a bed for 1 day. Bed days includes day only admissions. Also included are public and private patients treated in private hospitals and paid for under contract to the public sector. Other services, that is, outpatient services, casualty and emergency services and other non-admitted services are excluded.
Complaint	A query or grievance which any member of the public make to the Department about any services provided by a Commonwealth funded nursing home, hostel or CACP.